

FILED AL

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISNOV 09 2007
NOV 09 2007
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITFERNANDO FONTANEZ
Plaintiffv.
DEPARTMENT OF HUMAN SERVICES
ET AL
Defendant(s)CA 07CV6391
JL JUDGE HART
MAG. JUDGE ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, FERNANDO FONTANEZ, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)
I.D. # _____ Name of prison or jail: N/A
Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: 0

2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: ISS FOR MONTHLY FOOD STAMPS 100 MONTH CASH
Name and address of employer: AWAITING RE-INSTATEMENT OF DISABILITY

a. If the answer is "No":
Date of last employment: _____
Monthly salary or wages: N/A
Name and address of last employer: _____

b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: N/A

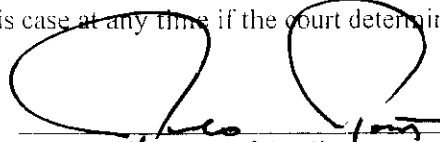
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages
Amount: 0 Received by: N/A ☐ Yes ☒ No

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount \$0 Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount \$0 Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount \$0 Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount \$0 Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount \$0 Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \$0
In whose name held: N/A Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: N/A Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: N/A
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: \$0
Current value: \$0 N/A
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents
JONE

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-9-7


Signature of Applicant

FERNANDO FONTALEZ
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.
(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

11/74



State of Illinois
Department of Human Services

SEQ: 2729

NOTICE OF DECISION ON APPLICATION FOR CASH,
MEDICAL AND/OR FOOD STAMPS

DATE OF NOTICE	CAT.	L.O.	GRP.	BASIC	CASELOAD NUMBER
JULY 05, 2007	P3	217	03	H23916	904

FONTANEZ, FERNANDO 217
PO BOX 578941
CHICAGO, IL 60657-8941

LOCAL OFFICE
ADDRESS

WICKER PARK LOCAL OFFICE
1279 N. MILWAUKEE, 3RD FL
CHICAGO, IL 60622-2296

THIS NOTICE TELLS YOU WHAT ASSISTANCE YOU WILL GET AND WHO WILL GET IT. THIS NOTICE ALSO TELLS YOU WHAT ASSISTANCE YOU WILL NOT GET AND WHY. THE NOTICE THEN TELLS YOU HOW YOU CAN APPEAL IF YOU DISAGREE WITH OUR DECISIONS.

LOCAL OFFICE TELEPHONE NUMBER: (773) 292-2900
FOR THE HEARING IMPAIRED WHO HAVE A
TELEPHONE DEVICE FOR THE DEAF (TTY), CALL: (773) 227-3735

REGARDING YOUR APPLICATION FOR FOOD STAMPS FILED ON: 06/01/07 AND
REGARDING YOUR APPLICATION FOR ASSISTANCE FILED ON: 05/10/07

THE FOLLOWING PEOPLE WILL RECEIVE CASH ASSISTANCE UNDER THE AABD PROGRAM
AND MEDICAL ASSISTANCE UNDER THE MEDICAID PROGRAM.

NAME	RECIPIENT NUMBER
FERNANDO FONTANEZ	058442633

YOU CAN EXPECT YOUR FIRST CHECK IN THE AMOUNT OF \$ 176.49 ON OR ABOUT JULY 09, 2007
TO COVER YOUR NEEDS FROM JULY 02, 2007 THROUGH JULY 31, 2007. THEREAFTER YOU
CAN EXPECT YOUR FIRST REGULAR MONTHLY CHECK OF \$ 100.00 ON OR ABOUT AUGUST 10, 2007.

YOU AND/OR YOUR FAMILY ARE ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE BEGINNING 05/01/07.

YOU WILL RECEIVE A MEDICAL ELIGIBILITY CARD IN THE MAIL. IF YOU OR A FAMILY MEMBER
WILL NEED A MEDICAL CARD SOONER, ASK YOUR CASEWORKER FOR A TEMPORARY MEDICAL
ELIGIBILITY CARD. THE UNPAID CHARGES FOR MEDICAL SERVICES PROVIDED TO THE PERSONS
LISTED ABOVE WILL BE PAID BY THE DEPARTMENT OF PUBLIC AID, IF THEY ARE WITHIN ITS
STANDARDS, ARE NOT COVERED BY INSURANCE OR OTHER MEDICAL BENEFITS AND PROVIDED BY
A VENDOR WHO IS CURRENTLY ENROLLED WITH THIS DEPARTMENT. TAKE YOUR MEDIPLAN
CARD TO THE MEDICAL PROVIDER SO THAT THE VENDOR CAN BILL THE DEPARTMENT OF PUBLIC
AID FOR UNPAID CHARGES.

MEDICAL BACKDATE

YOU HAVE NOT ASKED US TO PAY ANY MEDICAL BILLS YOU HAVE PRIOR TO THE MONTH IN
WHICH YOU APPLIED FOR MEDICAL ASSISTANCE.

FOOD STAMP BENEFITS:

THE FOLLOWING PEOPLE HAVE BEEN APPROVED FOR FOOD STAMP BENEFITS:

FERNANDO FONTANEZ

YOUR REGULAR MONTHLY BENEFITS WILL BE AVAILABLE APPROXIMATELY 08/10/07. THEY WILL BE
IN THE AMOUNT OF \$ 155.00 UNLESS YOU ARE NOTIFIED OTHERWISE.
THE AMOUNT YOU RECEIVE MAY BE LOWER IF YOU ARE REPAYING A PRIOR OVERPAYMENT.
YOU HAVE BEEN CERTIFIED TO RECEIVE FOOD STAMPS THROUGH 05/08.

11-11-07 Eligibility Period 12-10-07
Through

Case ID# 3 217 03 H23916
Number:

FONTANEZ, FERNANDO
PO BOX 578941 CHICAGO, IL

ONLY THE FOLLOWING PERSONS ARE ELIGIBLE:

FERNANDO FONTANEZ ID#: 058442633 DOB: 06-15-63
MEDICAL

TOTAL NUMBER OF ELIGIBLE PERSONS: 1

03-110807

-Please see front of card for important information-

HHS State of Illinois - Healthcare and Family Services
MediPlan Card

Case ID Number

P3 217 03 H23916

Eligibility Period

11-11-07 Through 12-10-07

CASELOAD: 904

FONTANEZ, FERNANDO
PO BOX 578941
CHICAGO, IL 60657-8941

HFS 469 (R-4-06)

03-110807

11478-0234